FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

e used by Persons (Other than Political Committees)	- / CO TIMIC OLIVI
(a) Name of Individual, Organization or Corporation	2016 OCT 18 AM 7: 47
ANN HARVEY MORGAN	
(b) Address (number and street) check if different than previously reported	
615 LAUREL LAKE PRIVE APT. A 230	
(c) City, State and ZIP Code	
COLUMBUS, MC 28722	3. FEC Identification Number
Occupation and Name of Employer (for Individual Filers Only)	
RETIRED	The service of the se
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	
July 15 Quarterly Report	
October 15 Quarterly Report 48-Hour Report	
January 31 Year-End Report	
b) Is this Report an amendment? \(\frac{1}{2} \) No \(\sum \) Yes, it amends the report filed on	Mark Artifor Orthology Year Year
	nang kalawa da katamban da katamban katamban da katamban da katamban da katamban da katamban da katamban da ka Katamban da katamban da ka
5. COVERING PERIOD: FROM 69 29 2016	
THROUGH 09 30 26/6	
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	erio (j. 1908.) 1900. je nastaja takonaja se se se
6. TOTAL CONTRIBUTIONS	
7. TOTAL INDEPENDENT EXPENDITURES	214 671
- 1 STAL INSELECTION EXCENTIONES	309.720
er penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultat estion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	ion, or concert with, or at the request or
E OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
E STITUTE TO THE SIGNATURE	DATE
ANIN HARVEY MOROAN ann Hora	es Morgan 19/14/1
	0 0

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

45 OF 50 5D (1- 5.40)		PAGE / OF / FOR LINE 7 OF FORM 5
ME OF FILER (In Full)		
ANN HARVEY MORGA	LN/	
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
AD-UISE, INC.		09 19 2016
Mailing Address		09 77.2810
P.O., BOX 23407 City State		Amount
	Zip Code	
HILTON HEAD ISLAND, S.	c. 29925	The second of th
Purpose of Expenditure	Category/ Type 004	Office Sought: House State: M.C.
134 NINIER FOR EVENY	Type 004	Senate District: / O
Name of Federal Candidate Supported or Opposed by Expend	liture:	President
DONALD I, TRUMP		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	,155,36	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
UNITED PRINTING. CO.		09 19 2016
Mailing Address		
8200-A ARROWRINGE F	3 LUD.	Amount
CHAR LOTTE NC	Zip Code 28273	, , , , , , , , , , , , , , , , , , , ,
Purpose of Expenditure	Category/	Office Sought: House State: NC
FLYORS FOR EVERT	Category/ OOY	Senate District: 10
Name of Federal Candidate Supported or Opposed by Expend	liture:	[C] Flesident
DONAGO J. TRUMP		Check One: Support Oppose
Calendar Year-To-Date Per Election	1 46 7 7	Disbursement For: Primary Ceneral
for Office Sought	30972	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
		10 M / D U ./ Y + Y Y
Mailing Address		
		Amount
City State	Zip Code	
		to the first transfer of most
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate
Name of Federal Candidate Supported or Opposed by Expend	liture:	President District:
		Check One: Support Oppose
		Disbursement For: Primary General
Calendar Year-To-Date Per Election		

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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER (7/2015)	10/18/16 DATE PREPARED
(3/2015)	